

**OFFICE OF THE INSPECTOR GENERAL  
DMHMRSAS**

**SNAPSHOT INSPECTION  
SOUTHEASTERN VIRGINIA TRAINING CENTER**

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**OIG REPORT # 82-03**

**Facility:** Southeastern Virginia Training Center  
Chesapeake, Virginia

**Date:** May 18-19, 2003

**Type of Inspection:** Snapshot Inspection / Unannounced

**Reviewers:** Cathy Hill, LPC.  
Heather Glissman, BA

### **EXECUTIVE SUMMARY**

A Snapshot Inspection was conducted at Southeastern Virginia Training Center in Chesapeake, Virginia on Sunday and Monday, May 18 and 19, 2003. The purpose of the snapshot inspection was to conduct an unannounced review of this facility with a primary focus on three essential areas that are directly related to a facilities capacity to provide quality care. The areas are: the general conditions of the facility, staffing patterns and concerns and the activity of residents.

This inspection noted that there was more staff on site during the weekend hours toured than had been experienced in a previous inspection. Environmental conditions were clean, odor free and overall, the facility was well maintained. Staff members were observed monitoring all residents and participating in individualized and group active treatment activities during the day and evening shifts in which tours were conducted.

### PART I: STAFFING ISSUES

<p><b>1. Number of staff scheduled for this shift for this unit.</b></p> <p>DSA= Direct Service Associate</p>	<p><b>May 18 – Evening Shift</b>            Bldg 28 – 19 residents                              4 DSA's            Bldg 1A – 10 Residents                              3 DSA's            Bldg 1B- 7 Residents                              2 DSA's            Bldg 1C – 10 Residents                              2 DSA's            Bldg 1D – 7 Residents                              2 DSA's</p> <p><b>May 19 – Day Shift</b>            Bldg 2B – 10 Residents                              3 DSA's            Bldg 3D – 10 Residents                              3 DSA's            Bldg 4A - 8 Residents                              2 DSA's            Bldg 5C - 8 Residents                              3 DSA's</p>
<p><b>2. Number of staff present on the unit?</b></p>	<p>Observations of unit staffing revealed that staffing was present as indicated above.</p>
<p><b>3. Number of staff doing overtime during this shift or scheduled to be held over?</b></p>	<p>Interviews indicated that no staff were working overtime during this inspection.</p>
<p><b>4. Number of staff not present due absence because of workman's compensation injury?</b></p>	<p>Interviews with facility staff during the inspection indicated that there were not any staff out on workers compensation leave.</p>
<p><b>5. Number of staff members responsible for one-to-one coverage during this shift?</b></p>	<p>Interviews with facility staff indicated that during the inspection of the two shifts on the units listed above indicated that 3 staff were responsible for a 1:1 coverage, either in-sight or arms length distance.</p>

**6. Are there other staff members present on the unit? If so, please list by positions?**

During the inspection on the day shift activities therapists and Team Leaders were noted in the cottages and during the night shift, an LPN was noted to be making rounds.

**7. Additional comments regarding staff:** OIG staff had the opportunity to speak with a parent that was visiting and he was very pleased with the staff that cared for his son. He had nothing but accolades when discussing the atmosphere in which his son lived.

**Finding 1.1: Staffing levels as established and maintained by the facility currently meet the individual needs of residents. Given the complexity of these residents, these are very minimal staffing patterns and leave the facility overall with little margin which is tightly bound to the local economy.**

**OIG Recommendation: Provide on-going assessment of the needs of residents and maintain staffing levels appropriately. At some point the Commonwealth will need to review the stable competitiveness of starting salaries for direct care staff in training centers.**

**DMHMRSAS Response:** SEVTC will continue to monitor resident needs and adjust staffing accordingly within available resources. The Department's Human Resource Office through the Workforce Development Initiative has recently undertaken a salary survey of facilities, CSB's and private providers to determine comparability. Early results of this survey demonstrate that the Department is competitive in the market and provides greater benefit packages than the private provider. The Department would be please to share this report with the OIG after completion.

## **PART II: ACTIVITIES OF THE PATIENTS/RESIDENTS**

### **1. Bed capacity for the unit:                      2. Census at the time of the review:**

During the review, the census during the time of the inspection was found to be:

**Capacity:**

Bldg 28 – 20 Residents  
Bldg 1A – 10 Residents  
Bldg 1B- 8 Residents  
Bldg 1C – 10 Residents  
Bldg 1D – 8 Residents  
Bldg 2B – 10 Residents  
Bldg 3D – 10 Residents  
Bldg 4A - 8 Residents  
Bldg 5C - 8 Residents

**Census:**

19 residents  
10 Residents  
7 residents  
10 Residents  
7 Residents  
10 Residents  
10 Residents  
8 Residents  
8 Residents

### **3. Number of patients/residents on special hospitalization status**

Interviews with staff indicated that during the inspection period, one resident was on special hospitalization status, but did not require staff coverage while hospitalized.

#### **4. Number of patients/residents on special precautions?**

Interviews with staff on the units inspected indicated that 41 residents (or about half of the residents) were noted to have a special precaution addressing issues for falls, aggressive behavior, elopement, self-injurious behavior, pica, or depression.

#### **5. Number of patients/residents on 1 to 1?**

Interviews with facility staff indicated that during the inspection of the two shifts on the units listed above indicated that 3 staff were responsible for a 1:1 coverage, either in-sight or arms length distance.

#### **6. Identify the activities of the patients/residents?**

During the two shifts in which the OIG staff toured residential areas, meals were being served and OIG staff sent time witnessing this occurrence. Overall, this was a very smooth process, in which a portion of the staff prepared the meals and set up place settings as guided by the nutritional management plan, while the other portion of staff continued to interact with residents individually. During the observation of the dinner meal in Bldg 28, it was noted that a large dining room was being set up and meals were being prepared and set out individually. From the first meal set to the last meal and everyone beginning to eat, approximately 30 minutes had passed. This time delay could result in temperature changes making eating a less enjoyable experience for the residents. This delay could be a function of limited staffing patterns.

#### **7. What scheduled activities are available for patients/residents during this shift?**

When the OIG staff toured residential areas on the evening shift, dinner preparation and leisure time was occurring. Some staff was interacting individually with clients or in groups while other staff prepared the dinner meal. After dinner, staff and residents engaged in either one to one programming activities or participated in games, crafts, hygiene, music, and leisure activities. During the day visit, OIG staff observed that many residents were attending group, such as the Social Community Group; or activities around campus including recycling or changing trash can liners. Many of the residents remaining the cottage and do not leave for groups. The activities that are conducted in the cottage include: speech; meal prep; grooming and hygiene; table setting; exercise group; and outdoor leisure activities. The OIG member was also informed that a number of residents were involved in off-site training such as school.

#### **8. Are smoke breaks posted?**

Tours indicated that out of the 9 units 2 of the units had 1 resident each that smoked. In one of the cottages a smoke break was posted and in the other cottage the staff and resident were aware of the schedule.

#### **9. Do patients/residents have opportunities for off-ground activities?**

Facility staff indicated that off ground activities conducted and include events like, trips to parks for picnics and BBQ's; movie outings; sporting events; bowling; going to the mall; and walking on the beach.

**10. As appropriate, do patients/residents have opportunities for snacks?**

Interviews with staff indicated that snacks do occur as appropriate for individualized diet plans.

**11. Other comments regarding patient activities: None**

**OIG Finding 2.1** There were a variety of therapeutic activities available which were appropriate and individually based. A review of the schedules revealed that these activities were occurring as scheduled.

**OIG Recommendation:** Continue to offer a wide variety of appropriate therapeutic activities.

**DMHMRSAS Response:** This will receive on-going attention from staff at all organizational levels.

**OIG Finding 2.2:** Observations indicated a considerable lapse in time between meals being served and residents brought to the table for consumption in building 28.

**OIG Recommendation:** Explore options for decreasing this time lapse in this building.

**DMHMRSAS Response:** The ID team will monitor the time between serving and consumption to determine whether the observation indicates a systemic problem. If so, the team will determine what steps must be taken to sharply reduce this time. If not a systemic problem, staff members will be given more specific guidelines regarding time between serving and consumption and supervisors will monitor.

### **PART III: ENVIRONMENTAL ISSUES**

<b>AREA OF REVIEW: Common Areas</b>	<b>Comments and Observations</b>
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<b>1. The common areas are clean and well maintained.</b>	Tours indicated that the residential areas visited were clean and well maintained.
<b>2. Furniture is adequate to meet the needs and number of patients/residents.</b>	Tours of selected units indicated that furniture was adequate to meet the needs of residents. Many pieces had been adapted for specific individuals and their positioning needs.
<b>3. Furniture is maintained and free from tears.</b>	Tours of residential and common areas indicated that furniture was free from tears and well maintained.
<b>4. Curtains are provided when privacy is an issue.</b>	Tours of residential units demonstrated that window coverings are provided for privacy from the outside. There are some residents with behaviors that will consistently tear down curtains, the facility works to be innovative in other forms of window shading.
<b>5. Clocks are available and time is accurate.</b>	On all areas toured clocks were available in public areas and had the correct time.
<b>6. Notification on contacting the human rights advocate are posted.</b>	Tours of each unit indicated that a poster providing information on how to contact the Human Rights Advocate is posted in a public area of each unit.
<b>7. There is evidence that the facility is working towards creating a more home-like setting.</b>	All residential units toured indicated that the facility was working towards a more homelike atmosphere as appropriate for the population. Each residential unit had different homelike aspects. The areas were decorated with stenciling, faux plants, specialized furniture, pictures, resident made crafts and stuffed animals. All areas had a TV and music available for clients.
<b>8. Temperatures are seasonally appropriate.</b>	Tours of units indicated that temperatures were comfortable, even though it was unseasonably cool.
<b>9. Areas are designated for visits with family, etc., which affords privacy. Visiting hours are clearly posted.</b>	Tours of residential areas indicated that there were areas in each building for visits by family. In one cottage OIG staff were able to speak with a parent that was visiting.

<b>10. Patients/residents have access to telephones, writing materials and literature.</b>	Interviews with staff indicated that clients have access to communication materials and literature anytime.
<b>11. Hallways and doors are not blocked or cluttered.</b>	This has been a difficult challenge for this facility. The buildings were designed for a population that did not require the amount of materials as the current residents. The facility has improved over time and continues to make an effort to keep hallways clear of needed items. The facility has a storage shed for each cluster of buildings and staff indicated that did help.
<b>12. Egress routes are clearly marked.</b>	Tours of each unit indicate that egress routes are clearly marked.
<b>13. Patients/residents are aware of what procedures to follow in the event of a fire.</b>	Interviews with staff indicated that fire drills are conducted once per shift per month and residents were aware of where to go for safe egress.
<b>14. Fire drills are conducted routinely and across shifts.</b>	Interviews with staff indicated that fire drills are conducted once per shift per month and residents were aware of where to go for safe egress.
<b>Bedrooms</b>	<b>Comments and Observations</b>
<b>1. Bedrooms are clean, comfortable and well-maintained.</b>	All residential units toured were clean and well maintained.
<b>2. Bedrooms are furnished with a mattress, sheets, blankets and pillow.</b>	Tours of all residential areas indicated that each resident has a mattress, sheet, blankets and pillow and if more is needed can be obtained upon request.
<b>3. Curtains or other coverings are provided for privacy.</b>	Tours of the residential units confirmed that curtains and other coverings are provided for clients' privacy.
<b>4. Bedrooms are free of hazards such as dangling blind cords, etc.</b>	The residential areas toured were free from hazards. Small hooks designed for securing blind cords were in place.



<b>5. Patients/residents are able to obtain extra covers.</b>	Interviews with staff indicated that clients are able to obtain extra linens and covers.
<b>6. Patients/residents are afforded opportunities to personalize their rooms.</b>	Interviews with staff and tours of bedrooms indicated that clients are given the opportunity to personalize their rooms.
<b>Seclusion Rooms</b>	<b>Comments and Observations</b>
<b>1. Seclusion and/or time out rooms are clean.</b>	Tours and observations indicated that time out rooms are clean.
<b>2. Seclusion and/or time out rooms allow for constant observations.</b>	Tours of unit time out rooms do allow for constant observation.
<b>3. Bathrooms are located close to the seclusion or time-out areas.</b>	Tours of units indicated that time out rooms are located near bathrooms.
<b>Bathrooms</b>	<b>Comments and Observations</b>
<b>1. Bathrooms were clean and well maintained</b>	Tours of unit bathrooms indicated over all bathrooms were clean. There were four toilets left unflushed and 1 toothbrush on the floor and 1 towel on the floor. In addition, one bathroom had toilet paper with brown smeared on it, but there was not an odor.
<b>2. Bathrooms were noted to be odor free.</b>	Tours of unit bathrooms across all shifts indicated that all were odor free.
<b>3. Bathrooms were free of hazardous conditions.</b>	Tours of unit bathrooms indicated that overall were free of hazardous conditions. In one bathroom, a used latex glove was left on the bathroom floor.
<b>Buildings and Grounds</b>	<b>Comments and Observations</b>
<b>1. Pathways are well-lit and free of hazardous conditions.</b>	Tours of outside grounds indicated that pathways were well lit and free of hazardous conditions.
<b>2. Buildings are identified and visitor procedures for entry posted.</b>	Upon entering the training center, the inspection team was greeted by staff and asked to provide proper identification.

<b>3. Grounds are maintained.</b>	A combination of walking and driving tours of the grounds confirmed that they were well maintained.
<b>4. There are designated smoking areas with times posted.</b>	Tours on selected units did not reveal any residents that smoked.
<b>5. Patients/residents have opportunities to be outside.</b>	Interviews with staff indicated that clients with the appropriate privileges regularly go outside on and off grounds.

**Other comments regarding the environment:** Since the last inspection, sharps boxes have been placed in appropriate locations to correctly dispose of hazardous sharp materials. Staff was aware of the location of these boxes and proper usage.

Additionally, several renovation projects have been completed, including hall monitoring cameras and a renovated kitchen in Building 28. The renovations to this building have offered the staff the ability to prepare individual meals while being aware of the residents' movements.

**OIG Finding 3.1: Tours of 9 units revealed the facility overall was generally clean and well maintained.**

**Recommendation: Many improvements were noted regarding the cleanliness of the environment since the previous OIG inspection. Maintain this progress in assuring an environment that is clean and free of hazards.**

**DMHMRSAS Response:** Clean and homelike cottage environments will remain a facility priority.